

Substitute for form 1449/PTO		<i>Complete if Known</i>	
<b>O I P INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <small>(use as many sheets as necessary)</small>		Application Number	10/812,429
		Filing Date	March 30, 2004
		First Named Inventor	Michael A. Faulkner
		Art Unit	2838
		Examiner Name	To be Assigned
Sheet 1 of 1		Attorney Docket Number	

## NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	13 FEB 06
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**SEND TO: Commissioner For Patents, P.O. Box 1540, Alexandria, VA 22313-1450.**